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GROUP 3700

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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: August 9, 2004

TO: Examiner: William Tapolcai
Art Unit: 3744
Fax: (703) 746-4974
From: Thomas M. Fisher

: RE: U.S. Patent Application
: Serial No.: 10/714,151
: Applicant: Ziqiang Hu
: Atty. Dkt. No.: 9D-HR-20193 DIV

DOCUMENTS SUBMITTED WITH TRANSMISSION:

- Supplemental Amendment in Response to the Office Action dated May 19, 2004 (7 pgs.)
- Amendment Transmittal (3 pgs.)
- Certificate of Facsimile Transmission (1 pg.)

Total pages including cover page: 11

If all pages are not received, please contact: Laura Davis at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: REFRIGERATOR AND ICE MAKER METHODS AND APPARATUS
Filed: November 14, 2003
AT File No. 13307-00636

CERTIFICATE OF FACSIMILE TRANSMISSION

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Thomas M. Fisher, Reg. No.: 47,564

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PATENT

Attorney Docket No.: 9D-HR-20193-DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ziqiang Hu

Serial No.: 10/714,151

Filed: November 14, 2003

For: REFRIGERATOR AND ICE
MAKER METHODS AND
APPARATUS

Group No.: 3744

Examiner: Tapolcai, William

Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

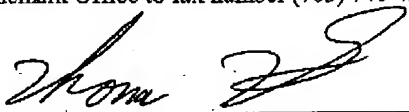
1. Transmitted herewith is:
 - Supplemental Amendment in Response to Office Action dated May 19, 2004 (7 pgs.)
 - Amendment Transmittal (3 pgs.)
 - Certificate of Facsimile Transmission (1 pg.)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
deposited with the United States Postal Service with
sufficient postage as Express Mail, in an envelope
addressed to the Commissioner for Patents, Washington,
D.C. 20231 Express Mail No.: EV USDate: August 9, 2004FACSIMILE
transmitted by facsimile to the Patent and
Trademark Office to fax number (703) 746-4974.
Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 400.00	\$ 200.00
_____ third month	\$ 920.00	\$ 460.00
_____ fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

- (b) ☒ _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL			=0	x \$9 = \$		x \$18 = \$
INDEP.			=0	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$ _____.

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$.
 A duplicate of this transmittal is attached.


FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


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